

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

91658551

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		⑦					58						
9		⑦					59						
10		⑦					60						
11		⑦					61						
12		⑦					62						
13	1						63						
14							64						
15							65						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
T TAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
T TAL DEP.	15	↓		↓		↓	TOTAL DEP.		↓		↓		↓
T TAL CLAIMS	17						TOTAL CLAIMS						